

SERFF Tracking Number: AGNN-125795412 State: Arkansas  
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 40114  
Company Tracking Number: VL 17047 VER 1/2008  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: Set Rate Annuity  
Project Name/Number: /VL 17047 VER 1/2008

## Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: Set Rate Annuity SERFF Tr Num: AGNN-125795412 State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 40114  
Variable

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: VL 17047 VER 1/2008 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Natalie Prevost Disposition Date: 08/29/2008

Date Submitted: 08/28/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number: VL 17047 VER 1/2008

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/29/2008

State Status Changed: 08/29/2008

Corresponding Filing Tracking Number:

Filing Description:

August 28, 2008

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments: Simultaneously  
filing in Texas

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

VIA SERFF

*SERFF Tracking Number:* AGNN-125795412 *State:* Arkansas  
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Variable  
*Product Name:* Set Rate Annuity  
*Project Name/Number:* /VL 17047 VER 1/2008

Re: The Variable Annuity Life Insurance Company

NAIC# 70238

FEIN# 74-1625348

Form# VL 17047 VER 1/2008 Single Premium Deferred Annuity Application

Dear Mr/Ms:

Enclosed for your review and approval is the above reference form. This form is intended to replace form VL 17047 VER 12/2004 previously approved by your Department on 12/15/04. This filing does not contain any unusual or controversial items. This form will be marketed to individuals in the general market and home office issued.

Form VL 17047 VER 1/2008 is a single premium deferred annuity application intended for use with policy form SRA-1004 approved by your Department on 12/15/04.

If you have any questions or need additional information, please contact me at 713-831-8705 or via mail at Natalie.Prevost@aigretirement.com. I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost

Natalie Prevost

Legal Analyst

Enclosures

## Company and Contact

SERFF Tracking Number: AGNN-125795412 State: Arkansas

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Variable

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### Filing Contact Information

Natalie Prevost, natalie.prevost@aigretirement.com  
2919 Allen Parkway (713) 831-8705 [Phone]  
Houston, TX 77019 (713) 831-6932[FAX]

### Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas  
2929 Allen Parkway, L10-30 Group Code: 11 Company Type:  
Houston, TX 77019 Group Name: State ID Number:  
(713) 831-1305 ext. [Phone] FEIN Number: 74-1625348  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: Fee for filing in Arkansas  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	08/28/2008	22183810

<i>SERFF Tracking Number:</i>	<i>AGNN-125795412</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	08/29/2008	08/29/2008

<i>SERFF Tracking Number:</i>	<i>AGNN-125795412</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/VL 17047 VER 1/2008</i>		

## Disposition

Disposition Date: 08/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AGNN-125795412</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Set Rate Annuity		Yes

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## Form Schedule

**Lead Form Number:** VL 17047 VER 1/2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VL 17047	Application/	Set Rate Annuity	Initial		45	application.pdf
	VER	Enrollment					
	1/2008	Form					

**The Variable Annuity Life Insurance Company (VALIC)**

Houston, Texas

FILED COPY

**1. OWNER [(All accounts will be updated with this address.)]**

Name: John Doe SSN: 999-99-9999  
 Gender: ☒ Male ☐ Female Age: 35 Date of Birth: 07/11/73  
 Marital Status: ☒ Married ☐ Not Married ☐ Civil Union/Domestic Partner (If recognized by your state, see information page.)  
 Residence Address: 123 Main Street  
 City: AnyWhere, USA State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Daytime Phone: (123) 456-7890

**2. ANNUITANT (Non-Qualified Annuity only, if different from the Owner.)**

Upon the death of the Annuitant, prior to the beginning of an income plan, the Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_  
 Gender: ☐ Male ☐ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3. OWNER'S BENEFICIARY DESIGNATION**

Prior to designating a Beneficiary, please refer to Beneficiary Designations on the reverse for instructions, including how to designate a beneficiary who is a minor. List each beneficiary by name. Percentage must total 100%. If no percentage is indicated, benefits will be paid equally to beneficiaries of record.

PRIMARY:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name: <u>Jane Doe</u>	<u>wife</u>	<u>987-65-4321</u>	<u>10/20/75</u>	<u>100</u>

CONTINGENT:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name: _____	_____	_____	_____	_____

**4. PURCHASE PAYMENT**

Term Period: ☒ [3-year] ☐ [5-year] ☐ [7-year] ☐ [8-year] ☐ [9-year] ☐ [10-year]  
 Single Premium Payment: \$ 10,000.00 Annuity Date: 08/27/08  
 PLAN TYPE (required): ☒ Non-Qualified ☐ Qualified  
 Tax-Qualified Plans: ☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA ☐ 403(b)  
 Check one: ☐ Initial Contribution for Tax Year: \$ \_\_\_\_\_ ☐ Transfer ☐ Rollover ☐ Roth IRA Conversion Year: \_\_\_\_\_

**5. SIGNATURES Checks must be made payable to The Variable Annuity Life Insurance Company (VALIC).**

This application is subject to acceptance by the Company at its Home Office. Proof of age must be furnished before Annuity Payments begin.

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☒ No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? ☐ Yes ☒ No

If yes, complete the following:

Contract Owner Name: \_\_\_\_\_ Contract Number(s): \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief. I have read and understand the important disclosures in the Information page located on the reverse of this application, including fraud warnings and withdrawal restrictions for 403(b) plans, if applicable.

I understand that I am applying for a market-value adjustment annuity. I understand that amounts payable under the contract are subject to a market value adjustment and to an early withdrawal charge for the period specified in the contract.

**Arizona Residents:** On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age on the date of application for the annuity contract, after the contract is delivered and receive a refund of all monies paid.

Owner's Signature: John Doe Signed at City/State: AnyWhere, USA Date: 08/27/08



## 6. REPRESENTATIVE INFORMATION

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☒ No  
Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☒ No  
As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? ☒ Yes ☐ No  
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Bill Q Agent  
Licensed Agent's Signature

Bill Q Agent  
Licensed Agent (Print name)

9999  
Region #

2468  
State License #

1357  
Agent #

## INFORMATION

**[California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

### FRAUD WARNING

**In some states we are required to advise you of the following:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**[Arkansas, North Dakota, South Carolina, South Dakota, and Texas**

**Residents Only:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

**Colorado Residents Only:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia, Kansas, Kentucky, New Mexico, Ohio and**

**Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Florida Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

**Louisiana and Massachusetts Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

## BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If you intend to name multiple beneficiaries or a beneficiary is a minor, please complete and attach a Beneficiary Designation Form (VL 14945). VALIC will pay claims only to a custodian or through an alternative guardianship arrangement for a Beneficiary who is a minor.

**For assistance with beneficiary designations, contact your financial advisor or a Client Service Professional at [1-800-448-2542].**

### [WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/1988 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Age 59½ or older
- Hardship (contributions only))
- Disability
- Death

### CIVIL UNION/DOMESTIC PARTNER

Although, your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.

### Please send completed forms to:

[AIG Retirement Document Control  
P.O. Box 15648  
Amarillo, TX 79105-5648]

Call [1-800-448-2542] for assistance.

Overnight Delivery:

[AIG Retirement Document Control  
2271 S.E. 27th Avenue  
Amarillo, Texas 79103]

AIG Retirement is the marketing name for the group of companies comprising AIG Retirement Advisors, Inc.; AIG Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a subsidiary of American International Group, Inc.

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

08/28/2008

#### Comments:

#### Attachment:

FLESCH-AR.doc

### Review Status:

**Satisfied -Name:** Application

08/28/2008

#### Comments:

the new application is attacheed to the form schedule tab. General information tab has all other information needed.

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